

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE

APPLICATION FOR TYPING AND/OR DICTATION PERFORMANCE TESTS LATERAL TITLES

INSTRUCTIONS

1. The Department of Civil Service considers the following jobs to be at the same level of responsibility; therefore we treat appointments within these titles as Lateral moves.
 - Clerk Typist ⇔ Stenographer
 - Account Clerk ⇔ Account Clerk Typist ⇔ Account Clerk Stenographer
 - Senior Account Clerk ⇔ Senior Account Clerk Typist ⇔ Senior Account Clerk Stenographer
 - Senior Clerk ⇔ Senior Clerk Typist ⇔ Senior Stenographer
 - Principal Clerk ⇔ Principal Stenographer
2. This application form is intended for use by those employees presently holding permanent competitive status in a jurisdiction served by the Suffolk County Department of Civil Service in one of the above noted titles who wish to take one or more **performance tests only** for the purpose of securing eligibility for permanent appointment in a lateral title.
3. This application must be filed with the Suffolk County Department of Civil Service **at least** thirty (30) days prior to the date on which you wish to take your performance test(s).
4. If you pass the performance test(s) for which you are applying, you will become eligible for appointment in any lateral title as explained in paragraph 1. **YOUR NAME WILL NOT, HOWEVER, BE ENTERED ONTO ANY ELIGIBLE LIST AS A RESULT OF PASSING YOUR PERFORMANCE TEST ALONE.** Eligibility for appointment in a lateral title should **not be** interpreted to imply a guarantee of appointment in a lateral title.
5. Any performance test which you pass is valid for a period of four years and may be applied to any other examination requiring the same performance test in accordance with our performance test waiver policy.
6. If you fail any performance test, you may retake that performance test after waiting a period of ninety (90) days from the date of failure.
7. Candidates who pass any performance test are not eligible to retake the same performance test for a period of four (4) years.
8. IF YOU ARE APPLYING TO TAKE AN EXAMINATION FOR PROMOTION TO A **HIGHER LEVEL TITLE**, YOU MUST USE FORM CS-201B (BLUE FORM).

1. PLEASE PRINT THE FOLLOWING INFORMATION:

LAST NAME: _____ FIRST NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ DAYTIME PHONE NUMBER: _____

2. PLEASE CHECK THE PERFORMANCE TESTS FOR WHICH YOU WISH TO APPLY:

TYPING PERFORMANCE TEST

DICTATION PERFORMANCE TEST

3. PRESENT EMPLOYMENT. INDICATE THE NAME OF THE DEPARTMENT AND JURISDICTION WHERE YOU ARE PRESENTLY EMPLOYED

NAME OF JURISDICTION: _____ DEPARTMENT: _____

YOUR TITLE: _____

4. CANDIDATE'S SIGNATURE

DATE

FOR CIVIL SERVICE USE ONLY

ELIGIBLE FOR TYPING

YES

NO

ELIGIBLE FOR DICTATION

YES

NO

ANALYST:

COMMENTS:
